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NOTICE

AS OF THIS DATE THE ILLINOIS REGISTER, PUBLISHED PURSUANT TO THE ILLINOIS ADMINISTRATIVE PROCEDURE ACT, IS APPLICABLE ONLY TO THE FOLLOWING STATUTES AND DEPARTMENTS IN PART.

EFFECTIVE JANUARY 1, 1978 THE ACT WILL APPLY TO ALL STATE AGENCIES.

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Illinois Department on Aging -- Emergency Adoption of Title V Notification
of Grant Award Form.

The Illinois Department on Aging proposes an emergency rule for the Notification of Grant Award forms for Funds under Title V of the Older Americans Act. The form notifies the grantee of the awarding of the funds and the terms and conditions under which they are awarded.

If any interested persons wish to present their views concerning this emergency rule, they may do so by sending written comments to the attention of:

Mrs. Ann Brass
Illinois Department on Aging
2401 West Jefferson Street
Springfield, Illinois 62706

The Department will consider all written comments received by the Department within 45 days, beginning on the date of publication of this Notice.

1. GRANTING OFFICE		2. GRANT NO.	3. AMEND. NO.
4. TYPE OF GRANT AWARDED Under Authority of P. L. _____ and subject to Pertinent DHEW & OHD Regulations and Policies Applicable to: <input type="checkbox"/> RESEARCH GRANT <input type="checkbox"/> DEMONSTRATION GRANT <input type="checkbox"/> TRAINING GRANT <input type="checkbox"/> SERVICE GRANT <input type="checkbox"/> OTHER _____ (Specify)		5. BUDGET PERIOD FROM _____ THROUGH _____	
		6. TOTAL PROJECT PERIOD FROM _____ THROUGH _____	
		7. TYPE OF GRANT <input type="checkbox"/> CONTINUATION <input type="checkbox"/> NEW <input type="checkbox"/> COMPETING <input type="checkbox"/> REVISION <input type="checkbox"/> SUPPLEMENT EXTENSION	
		8. PROJECT/PROGRAM TITLE	
9. PLANNING AND SERVICE AREA			
10. GRANTEE ORGANIZATION		11. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR	
12. APPROVED BUDGET PERSONNEL \$ FRINGE BENEFITS TRAVEL EQUIPMENT SUPPLIES CONTRACTUAL OTHER _____ TRAINEE STIPENDS (No. _____) DEPENDENCY ALLOWANCE TRAINEE TUITION & FEES DIRECT COSTS INDIRECT COSTS CALCULATED AT _____ % OR \$ _____ Total Federal Approved Budget 		13. AWARD COMPUTATION A. TOTAL FEDERAL APPROVED BUDGET \$ _____ B. APPLICANT MATCH IN-KIND \$ _____ C. APPLICANT MATCH CASH \$ _____ D. TOTAL APPLICANT MATCH \$ _____ E. AMOUNT AWARDED \$ _____	
14. REMARKS			
17. Signature IDOA FACILITIES DEVELOPMENT MANAGER		15. APPLICANT FEIN	16. PAYEE FEIN
DATE			
18. Signature CHIEF, BUREAU OF PLANNING & FIELD SERVICES		20. SIGNATURE, DIRECTOR ILLINOIS DEPARTMENT OF AGRIC. _____ DATE _____	
DATE			
19. Signature CHIEF, BUREAU OF ADMINISTRATION & FISCAL CONTROL			
DATE			

This is your Notice of Grant Award and approval of your application for funding under Title V, Sections 501-505 of the Older Americans Act of 1965, as amended.

In accepting these funds, you have agreed to comply fully with all of the terms and conditions set forth in your application for this Award. Further you have specifically agreed to adhere to those Assurances set forth in Section VI of the Illinois Department on Aging's solicitation for Awards under Title V.

This further certifies that the accepting applicant understands that this grant award is made with the condition that the project is subject to audit and/or evaluation at the end of the first six (6) months of operation and to reduction at that time.

This further certifies that the accepting agency understands that no alterations of the terms specified on the reverse side or within the application for funds approved may be made without prior written permission of the Department of Aging.

ACCEPTANCE OF GRANT

I certify that I have read and accept the terms of this grant as outlined in this form and any attachments and in the approved application.

Name of Authorizing Official

Title

Date



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ALAN J. DIXON
Secretary of State

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